



## Application for Homestead Tax Credit

This application must be filed with your assessor by July 1 of the year for which the credit is claimed.

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Property Description: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

I became the owner of the homestead on: \_\_\_\_\_

☐ by deed

☐ by contract

☐ by inheritance

☐ other

Evidence of ownership on file as shown in Book No. \_\_\_\_\_, Page \_\_\_\_\_.

I began to occupy this homestead on \_\_\_\_\_ and will occupy the dwelling house, in good faith, on July 1 and for at least six months during that calendar year, or I am confined in a nursing home, extend-care facility, or hospital and the homestead is maintained and not leased or rented, or I am on active duty in the military.

I declare residency in Iowa for purposes of income taxation and that no other application for homestead credit has been filed on other property.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 100.18 and 661 Iowa Administrative Code chapter 210

☐ has been installed **OR**

☐ will be installed within thirty days of the filing of this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Written notification must be given to the assessor upon conveyance of this property  
or its discontinued use as your homestead.**

---

### Assessor or representative

I recommend that the application be: ☐ allowed ☐ disallowed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

---

### Board of Supervisors

☐ allowed ☐ disallowed

Date \_\_\_\_\_